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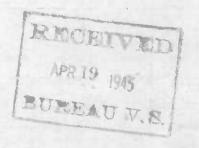
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-9

### CERTIFICATE OF DEATH

02962 ... Reg. Dist. No. 180

1. PLACE OF DEATH:  Couoty	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State County City or town (1f outside city or town fimits, write RURAL and give nearest town)  Street No. (1f rural, give LOCATION)  2.(a) If veteran, name war 3. (b) Social Security Number
Fronk Brown	3. (0) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Male Colored Wisower  6.(b) Name of husband or wife	MEDICAL CERTIFICATION  20. DATE OF DEATH
7. Birth date of April 10 1871	and that I last saw haven alive on march 9 1945
8. AGE: Years Months Pays It less than one day	Immediate cause of death  Cancer hest of fances 6 months
9. Birthplace (Town, county, and state)  18. Usual occupation + armely	Due to.
16. Usual occupation	Due to
12. Name Mrkan Brown  13. Birthphere  M. M	Diher conditions. Pulmonen edena 2 days
14. Maiden name Ellisgaltella Parke	(Include pregnancy within 8 months of death)  Major findings of operations
16. Informant Ministry Breatise St.	Antopsy results.  PHYSICIAN: Pfease underline the cause to which death should he charged statistically.
17	22. VfOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
18. Funerat director Moso, Per Lett G. Ellett & Det	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?
19. 3 12 19 4 J Outled 2 (Date ree'd by registrar)  Registrar	23. SIGNATURE Fred O Hodono 30 D  M. D. or other  Address Edgeword md  Date signed 5-7-45



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48)

# CERTIFICATE OF DEATH

Reg. Diat. No ...

#### 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) 1. PLACE OF DEATH: (If outside city or town limits, write RURAL and give nearest town) (If nutside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?. 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex CERTIFICATION 6.(b) Name of husband er wife 7. Birth date of deceased (mo., day, yr.) DURATION If less than one day 8. AGE: Years 9. Birthplace..... (Town, county, and state) 10. Usual occopation. 11. Industry or business 13. Birthplace (Include pregnancy within 3 months of death) PHYSICIAN: Please underline the caose to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following; Date thereof Mar. (Burial, cremation, or removal. Which?) Accident, suicide, or homicide,..... (mnnth) (day) Where did injury occur? .....(City nr town) (County) Cemetery or crematory. (State) Injured at home, farm, industry, public place (where?) ...... Means of Injury Injured at work? Address M. D. nr nther (Date rec'd by registrar)

APR 4 1945
BUREAU V F

SITHIN .	10	RP		TO	1.154.00	- 10
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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 108

## 02964

#### CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: Narford	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or lower Lawred Leave	State III d. county Varford
(If outside city or town limits, write RURAL and give nearest town)	Havredi Grack Frd.
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
559 Grand M.	Street, No. 35 8 Servace (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Julia Com Co	(e) 3. (b) Social Security Number
4 Sex 5 Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
teman Black Widows	20. DATE OF DEATH. Mar. 7 19 45 at 7 A.
6.(b) Name of husband or wife Sac Cale	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
.6.(c) If alive, give ageye	12-7-1944 to 7/12.7 1943
7. Birth date of deceased (mo., day, yr.)  Oct. 1, 1875	and that I last saw h
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
69 3 6hrs.	nin. Clarte negressites 3-7-45
9. Birthplace Narford G. Md.	Due to.
(Town, county, and state)	V
10. Usual occupation.	Due to
11. Industry or business	P. (P. (2)
12. Name Gdward Dlake  13. Birthplace Md.	Bither conditioes IT Case Villering 12-7-4
	(Include pregnancy within 3 months of death)
14. Maiden name Mary Stake.  15. Birtholace	Major findings of operations.
Mr. Mar. Chr. t	Dale of op.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Addres I Strawberry ally.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Buriai, cremation, or removal, Whigh?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Sr. Janees	Where did injury occur?
Location Navred Deace Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director P. Madison Mitchell	Means of injury Jajures at mork?
Address Havrede Grace. Md.	( ) a the
m. 6 ( ) 9	23. SIGNATURE M. D. or other
(Date rec'd by registrar)  (Date rec'd by registrar)  (Date rec'd by registrar)	

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APR 6 1945

BUREAU V.S.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

02965

	Dist.		,	0	2	-
Reg.	Dist.	No.		6	0	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Dad				
(If outside city or town limits, write RURAL and give nearest town)	State County County			
	City or town Sweal Celebration			
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)			
	Sireet No.			
	(If rural, givo LOCATION)			
How long in hospital or institution?	2.(a) If veleran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
Ellis Pullum	mone.			
4. Sex   9. Color or race   6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION			
J 1 21.4 20.1				
Termele Muly Medon	20. DATE OF DEATH. MR. 19-1945 21 9:15-6			
6.(b) Name of husband or wife Samuel W. Callum	21. I CERTIFY, that death occurred on the date above stated; that atjended deceased from			
	19 75, 10 752 600 1 719 7			
7. Birth date of	and that I last saw here alive on Consult 17 19 7.			
deceased (mo., day, yr.) Oct. 3-1870	Immediate cause of death DURATION			
B. AGE: Years Months Days If less than one day	THINGS OF SEAL STATE OF SEAL S			
74. 5 min				
11.111.11				
9. Birtbplace (Fown, county, and state)	Due 10			
Ch la .	- Carlot Danish			
10. Usual occopation	Due to.			
11. Industry or business				
12. Name Unbourt  13. Birthplace Unbourn	· Other conditions			
13. Birthplace				
	(Include pregnancy within 3 mouths of death)			
14. Malden name annie Parter  15. Birthplace Virginian a	Major findings of operations			
15. Birthplace Versingan	Date of op			
16 informant Mus. Dollis Shenh	Autopsy results			
	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
Address 7/3 Devolution of Genede Brace	22. VIOLENCE: If death was due to external causes, fill in the following;			
17. Bureaf Date thereof Man. 22-19-41				
(Burlal, cremation, or removal, Which?)  (Burlal, cremation, or removal, Which?)	Accident, suicide, or homicide			
Cemetery or cromatory	Where did injury occur?			
Location Silversless mid	Injured at home, farm, industry, public place (where?)			
	Means of Injury Injured at work?			
18. Funeral director Denny January Street	means of relati			
Address la bladden mod	1 1 Octob hor			
The s	23, SIGNATURE De other			
18 Mu 20 19115- a. T. Leves on 2	AL allow Shelled			
19 Nur 20 (Date rec'd by registrar)  (Date rec'd by registrar)  Registrar				

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BUREAU V.S.

#### MARYLAND STATE DEPARTMENT OF HEALTH

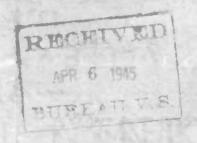
2411 N. Charles St., Baltimore (97)

## 02966

#### CERTIFICATE OF DEATH

or Diet. No. 183

County Affoutside city or town limita, write RUKAL and give nearest town)  How long in spore place of death?  How long in hospital, institution, or street address where death occurred:  The county Affoutside city or town limita, write RUKAL and give nearest town)  How long in hospital or institution?  The county Affoutside city or town limita, write RUKAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, neme war.  3. (b) Social Security Number  4. Sex  5. tolor or rule  6.(b) Name of husband or wife  The county Affoutside city or town limits, write RUKAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, neme war.  3. (b) Social Security Number  2. (a) If veteran neme war.  2. (b) Name of husband or wife  The county Affoutside city or town limits, write RUKAL and give nearest town)  Street No.  (If rural, give LOCATION)  2. (a) If veteran neme war.  3. (b) Social Security Number  2. (a) If reteran neme war.  2. (b) Name of husband or wife  The county Affoutside city or town limits, write RUKAL and give nearest town)  Street No.  (If rural, give LOCATION)  2. (a) If veteran neme war.  3. (b) Social Security Number  2. (a) If reteran neme war.  2. (b) Social Security Number  2. (c) If give LOCATION)  2. (a) If veteran neme war.  3. (b) Social Security Number  2. (a) If reteran neme war.  2. (b) Social Security Number  2. (c) If give LOCATION)  2. (a) If veteran neme war.  3. (b) Social Security Number  2. (a) If reteran neme war.  3. (b) Social Security Number  2. (a) If reteran neme war.  3. (b) Social Security Number  2. (a) If reteran neme war.  3. (b) Social Security Number  2. (a) If reteran neme war.  3. (b) Social Security Number  4. Sex  5. (b) If give location neme war.  2. (a) If reteran neme war.  3. (b) Social Security Number  2. (a) If reteran neme war.  3. (b) Social Security Number  2. (a) If reteran neme war.  3. (b) Social Security Number  2. (a) If reteran neme war.  3. (b) Social Security Number  4. Sex  5. (b) If reteran neme war.
How long in above place of death?  How long in hospital, institution, or street address where death occurred:  How long in hospital or institution?  3. (a) FULL NAME  4. Sex  5. bolor occured  6. (b) Name of husband or wife  City or town limits, write RURAL and give nearest town)  Street No.  (if outside city or town limits, write RURAL and give nearest town)  Street No.  (if rural, give LOCATION)  2. (a) If veteran, neme war.  3. (b) Social Security Number  4. Sex  5. bolor occure  6. (c) Single, married, widowed, or divorced  MEDICAL CERTIFICATION  20. Date of DEATH Morch  21. I DERTIFY that death occurred on the date above stated; that I attended deceased from  September 19 44 to Morch  19 45 and that I last saw h. I alive on Morch  19 45 and that I last saw h. I
How long in Above place of death?
Street No
(If rural, give LOCATION)  How long in hospital or institution?  3. (a) FULL NAME  4. Sex  5. tolor or rural  6. (b) Name of husband or wife  County Number  20. DATE OF DEATH  MONCH  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  September 19. 44, to. March 19. 45  The Birth date of deceased (mo., day, yr.)  7. Birth date of deceased (mo., day, yr.)  The second of the second of death the second of the date above stated; that I attended deceased from the date of deceased (mo., day, yr.)  The second of deceased (mo., day, yr.)  The second of death the second
3. (a) FULL NAME  4. Sex  5. tolor or rate  6. (b) Name of husband or wife  6. (c) If alive, give age  5. tolor or rate  8. (a) Social Security Number  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  20. DAYE OF DEATH Morch 5  19. 4.5.  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  September 19. 44. 10. Morch 5  19. 4.5.
4. Sex   5. tolor or race   t.(a) Single, married, widowed, or divorced   MEDICAL CERTIFICATION    Mill   With   Widowed   MEDICAL CERTIFICATION    20. DATE OF DEATH   Morch   5   19 4 5   4 5   19 4 5    T. Birth date of deceased (mo., day, yr.)   Fift 22 - 1853   Immediate cause of death   Hearth   Carried   The state   The st
4. Sex  4. Sex  5. tolor octate  6. (a) Single, married, widowed, or divorced  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  20. DATE OF DEATH. Morch 5  19. 4.5
Mile With Wilsoner  6.(6) Name of husband or wife Surema Frances Blasses  7. Birth date of deceased (mo., day, yr.) Flf 22 - 1853  Institute Wilsoner  20. Date of Beath Morch 15 19.45 at 40 Morch 15 19.45 at 40 Morch 15 19.45 and that I last saw h. Institute on Morch 19.45 Immediate cause of death 40 morch 19.45 Immediate 19.45 Imme
6.(6) Name of husband or wife 21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from September 19.44, to March 5, 18.45  7. Birth date of deceased (mo., day, yr.) Fift 22 - 1853  Immediate cause of death Heart facility on March 19.45
6.6) Name of husband or wife.  September 19 44, 10 March 2, 18 45  7. Birth date of deceased (mo., day, yr.) Flt 22 - 1853  Immediate cause of death Heart facility on March 19 45
7. Birth date of deceased (mo., day, yr.) Fift 22 - 1853  Immediate cause of death Heart factoring in the ca
7. Birth date of deceased (mo., day, yr.) Fif 22 - 1853  Immediate cause of death Heart fall (u. 176 DURATION
deceased (mo., day, yr.) 100 22 - 1000   Immediate cause of death Heart failure   DURATION
8 A.C.F. Year's Months   Days   If less than one day
of Addi
92 0 21hrsmin.
9. Birthplace Chrane Hell Harfafes Ma Oue to ATTER 10.8Cler OSIS
10. Usual occupation.
0ue to
11. Industry or business
12. Name Tear & W. Eggleston Other conditions Arteriosclerotic  13. Birtholace Many faul Comorene of right orest toe
= 14, Maiden name
S 15 Stribulace Pounce Major Endings of operations
alice le gallection
Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address serversonce purs
17. Bekreal Oate thereof Warch 18 - 45 + 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or remysal. Which?) / / (month) (day) (year) Accident, suicide, or homicide
Cemetery or crematory. Agent Claurite Where did injury occur? (City or town) (County) (State)
Location Sassettswelle Harford CoMM Injured el home, farm, Industry, public place (where?)
Means of Injury Injured at work?
18. Funeral director Manual Company of the Company
Address Janselbaughle Ind 23, SIGNATURE Charles C. nold Mint
(Date ree'd by registrar) 1945 Thomas N. Brown Registrar Address To Tellevil (Ond Acta classed 20157 45



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 330

02967

#### CERTIFICATE OF DEATH

er Diet No 195

	Reg. Dist. No.
1. PLACE OF DEATH: Varfor &	2. USUAL RESIDENCE (HOME) OF DECEASED. (For newborn infants give residence of mother)
Machael Thace	State Md. County Narford
(If outside city or town fimits, write RURAL and give nearest towo)	Mallerd Green 1110
low long in above place of death?	(If outside city or town limits/write RURAL and give nearest town)
lospital, Institution, or street address where death occurred:	Street No. 110 Do Washington It.
Narford Memorial	(If rural, give LOCATION)
low long in hospital or institution?	2.(a) If veteran, name war
B. (a) FULL NAME	3. (b) Social Security Number
William 1. +	3. (b) Social Security Number
1. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Hale White Widowed	18/10- 1 - 033
S # 7 +	20. DATE OF DEATH 19.43 at 7
(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
75	January 1935 10 //av: 1945
Birth date of	and that I tast saw harm allye on the contract of the contract
deceased (mo., day, yr.) [an. 1, 8/3	Immediate case of death Add DURATION
. AGE: Years Months Days It less than one day	Cont. XXIIIALAN GIAN
73 / /2 hrs	nin.
71 7	(C) + 4 (C) + 4 (C) + 4 (C)
Birthplace (Mayon, county, and state)	Due to The tone of
Mitted	
D. Usual occupation	Due to. Due to.
I. Industry or business	
12. Name 23 44 13, Fasler  13. Birthplace 4. 9.	Other conditions
13. Birthplace	
Mary Eller T. Il. J.	(Inclode pregnancy within 8 months of death)
14. Maiden name	Major findings of operations.
15. Birthplace	Bale of op.
Informant M. Joseph J. Faster	
Illiumani Illiani Illi	Aotopsy results
Address Sellar Ma.	
Decrial Date thereof Mar. 2, 199	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
(Burial, cremation, or removal. Which?) (mooth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Paper Church Gard	Where did injury occur?
Woodstown M. M.	
LOCATION TO THE TOTAL THE	- 41 0
8. Funeral director 110 ausog Muchell	Means of Injury Infured at work?
Address Havrede Leave Wed.	The state of the s
manus and many man	23. SIGNATURE
3-2 1945 Q. L. Euro, M.D.	M. D. or other
(Date rec'd by registrar) Registr	BAT Address MANO W NAME TO BOTA SIGNAD TO TO



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CEDTICICATE OF DEATH

CERT	IFICATE OF DEATH	Reg. Diat. No.
1. PLACE OF DEATH: Hanford  County or town V. F. D. Grands See 165 A.  (If outside city or town limits, write RURAL and give near	ce state Maryland	IE) OF DECEASED: enco of mother)  County Harlard  Lrace, R. F. D
How long to above place of death? About 30 years Hospilat, Institution, or street address where death occurred:	Street No. R. L. D	n limits, write RURAL and give nearest town)  Have de Mace al, give LOCATION)
How long in hospital or institution?	2.(a) It veleran, name war	
3. (a) FULL NAME Mrs Harriett	Gaines	3. (b) Social Security Number
Lemale Negro Uidoues, or d	MEDICA	L CERTIFICATION  Lew 23 1945 1/140 P.
6.(b) Name of husband or wife. Rev. W. H. Sais  6.(c) If alive, give age.	3 - 23-	dale above stated: thal I attended deceased from
7. Birth date of deceased (mo., day, yr.) Born in Yr. of 1  8. AGE: Years Months Days the less than one day	860 and that I last saw halive on	3 - 2 3 - 4 8 - 18 DURATION
Q. ohi al. C.t.	Va Due to.	Memorlige 3.23.45
9. Birthplace (Torn, county, and state)  10. Usoat occupation House (Torn, county, and state)	Due to.	
12. Name See State of Va.	Other conditions Acute	Browelste 3.7-95
14. Malden vame Marthus  15. Birthplace Histor H 7/a.	(Include pregnancy wi	
16. Informant Mrs Cosa Sordan	Autopsy results.	Date of op.
Address Q.F.D. 1 Have de Mace	28. 1945 22. VIOLENCE: tt death was due to exte	
(Burial, cremation, or removal, Which?)  Cemetery or crematory (August 2014)	Accident, suicide, or homicide	
Location Aberdeen Marylo 18. Funeral director Sand & Bitchook	Injured al home, tarm, Industry, public pi	tnlyred at work?
Address 556 Lewis St. Have de Ilis	Lee, md 23. SIGNATURE Care	De Hausaul M. D. or other
19, 3-22 t9 45 Q. A. Lesuroud (Date rec'd by registrar)	Registrar Address / Jaire lu	Grace Date signed 3-27. 43

PLEASE WRITE PLAINLY, WITH UNFADING INICIONAL every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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APR 6 1945 BUREAU V.S. MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

(12969)

#### CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
County J. J. G. J.	(For newborn infants give residence of mether)
(if eutside city or tewn limits, write RURAL and give nearest town)	State County County
How long in above place of death?	City or towe
Hospital, Institution, or street address where death occurred:	Street No. Junista R.
***************************************	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Martha Fudenich	Salloway 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale Near married	March 17 145 8P
60 0. W. 00	20. DATE OF DEATH 19.T-2 at M
8,(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated: that attended deceased from
7. Birth date of	
deceased (mo., day, yr.) White	and that I last saw h
8. AGE: Years   Months   Days   If loss than one day	Immediate cause of death DURATION
about 73 - min.	
9. Birthplace amakash Ma	Duo ta attens Sclerose 10 yran
10. Usual occupation.	Due to propertension 20 yrs-
ff. Industry or business	- January - Janu
12. Name 1 Tuesday	Other conditions & Calculates Mellitus 10 yrs.
El Carolina 2	(Include pregnancy within 8 menths of death)
14. Malden name Carlotte 2	Major findings of operations.
El 15. Birthplace	Date of op.
16. Informant Celes Suntin	Autopsy results
Address Junio to Dt Hands Klose	PHYSICIAN: Please underline the cause to which death should be charged statistically.
13 Burial 3/20/45-	22. VIOLENCE: If doa'th was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)  Date thereof (250nth) (dey) (year)	Accident, suicide, or homicide
Cemetery or cromatory	Where did injury occur?
Location Have de disce Md.	injured at home, farm, industry, public place (where?)
P 110.	Means of injury / injured at work?
18. Funeral director	1 (1 11 )
Address Hamale Olivace, Ma.	23. SIGNATURE THATK Worlbert MI
19 3/20/45, a L'Lewi M.D	M. D. og other
(Date rec'd by registrar) Registrar	Address Address Date signed Musely

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APR 6 1945

BUREAU V.S.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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#### CERTIFICATE OF DEATH

02970

	11-8
1. PLACE OF DEATH: Harford Co	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
City or town	State Md County Harford
low long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME William S. G. 16ert	3. (b) Social Security Number
4. Sex  Male  5. Color or race  Who rfu  6.(a) Single, married, wildowed, or divorced  w. do wild	MEDICAL CERTIFICATION  20. DATE OF DEATH  MEDICAL CERTIFICATION  24 19.45 21 /2 45
6.(b) Name of husband or wife Adah E B. 16-c +	21. I CERTIFY that death occurred on the date above stated; that nattended deceased from
7. Birth date of deceased (mo., day, yr.) Supt 29-1873	and that I last saw has a coelive on
8. AGE: Years Months Days If less than one day	Immediate came of deaths DURATION
//hrsm	ain.
9. Birthplace Har for J Co., Md (Town, county, and state)	Due to
10. Usual occupation Black Sm. +4	Due to.
t1. industry or business	
12. Name Martin W Gilbert  13. Birthplace Hartord Co., M &	Dther conditions
13. Birthplace Harford Co., Md	(Include pregnancy within 3 months of death)
14. Malden name. Cle Mucy Hughes 15. Birthplace Hartord Co., Md	Major findings of operations
	Date of op.
18. Interment Mrs Emma McClintock	Autopsy results
Address Harrede Grace, Md	22. VIOLENCE: tt death was due to external causes, fill in the following:
Burnal, cremation, or removal, Which?)  (Burnal, cremation, or removal, Which?)  (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Thomas Run	Where did injury occur?
Location Hartond Co. Nean Sepackichowar Ro	
18. Funeral director Sean 9 Loslo	Means of injury Injured at work?
Address Blan ma	1 / Le / Whole her
12 21 C. L. 2	23. SIGNATURE
(Date rec'd by registrar)  (Date rec'd by registrar)  (Date rec'd by registrar)	rar Address Date signed 3/2 %

IK. Supply every item of information carefully. The correct age : please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNFADIA

HOUSE TO STAN WHITE

March 14/20 Co. Carlotte Carlotte

Commercial Springer and consumer to

APR 6 1945

BUREAU V.

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-0

#### CERTIFICATE OF DEATH

()2971 Reg. Diat. No. 184

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County 100 KO 19	(For newborn infants give residence of mother)
City or town February Hill	State Mcd County And Rd
(If outside city or town limits, write RURAL and give nearest town)	Toust Hell
How long in above place of death?	City or town (If odtside city or town limits, write RURAL and give nearest town)
Hospital, lostitution, or street address where death occurred:	Street No.
***************************************	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Hall he you	actor
4. Sex 9. Color or race 9.1. Single, married, wildowed or diversed	MEDICAL CERTIFICATION
Male Strite Widow	20. DATE OF DEATH. MARCH 19 1845 at 3/15"
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(6) Name of husband or wife	march 1= 19 44 march 19 18 48
A S.(c) It alive, give age year	170
7. Birth date of deceased (mo., day, yr.) Oct, 14. 1856	and that I last saw harmenalive on March 19.
	Immediate canse of death DURATION
8. AGE: Years Months Days If less than one day	CARONIC MYOCARDIAL DISEASE 1/2 GR
000 0 0 mic	
Harrord Co. Md,	
9. Birthplace (Fown, county, and state)	Due to
10. Usual occupation actived	
E-2000	Due to
11. Industry or business	
12. Name Benett Graftor  13. Birthplace Tuland	- Other conditions
\$ 13. Birthplace Office and	
	(Include pregnancy within 3 months of death)
E 14. Malden oame.	Major findings of operations.
14. Malden came Unknown  15. Birthplace Creland	
MADA Hatti Vindal	Date of op.
18. Informant	Agjopsy results.
Address Magnolia Starlore Con	PHYSICIAN: Please anderline the cause to which death should be charged statistically.
B. N. 21 1/91	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial	Accident, suicide, or homicide
Tilrimon (in	
Cemetery or operations	Where did injury occur?
Location Travelord Co, Mild	Injured at home, farm, Industry, public place (where?)
410 R - 10.	Means of injury Injured et work?
18. Funeral direptor	
Address Parlington Mills	11 10000 0 11 11000
Mr. 1 20 /11/2 /M/14 15:-0-	23. SIGNATURE M.D. or other
March 1946 Mill. Flory	M. D. or other,
(Date rec'd by registra) Registra	Address Address Oata signed 3

PARTICAGE OF DEATH OF STATE OF STATES



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 23-2/

# 02972

#### CERTIFICATE OF DEATH

e. Dist. No. 184

1. PLACE OF DEATH: 1	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Taylord	(For newborn infants give residence of mother)
1000 (000)	State My County TYO Kord
(If outside city or 1 wn limits, write RURAL and give nearest town)	State County County
	City or towo Carengeon oursage
low loog in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
lospital, institution, or street address where death occurred:	Street No
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(If rural, give LOCATION)
I land in hearital or institution?	W.C.
low long in hospital or institution?	2.(a) If vetoran, name war
B. (a) FULL NAME	3. (b) Social Security Number
Managett &	Atomica MC
Say   S Color or rose   AS ANNote - restrict wildowed and inspect	so occured 1
The Control of the Co	MEDICAL CERTIFICATION
tremed Winter Window	Mare 14 15 78
Symbol Hy how have	20. DATE OF DEATH TO THE STATE OF THE STATE
was the way from trainer	21. I CERTIFY Mist death occurred on the date above stated; that I attended deceased from
(b) Name of husband or wife	Tel 20 1045 10 men-14 1040
Land 8.(c) If alive, give age yea	178
. Birth date of	and that I last saw h
deceased (mo., day, yr.)	Immediate course of death
. AGE: Years   Months   Days   If less than one day	The state of the s
898 27	
0 7 0 min	1. January 3 Lot
elitation Harrord Co. mig.	Dug to.
. Birthplace	
A-1101100	
O. Usual occupation	Due to
t. Industry or business.	
12. Name	· Other conditions
12. Name That Rord of Mad,	
	(Include pregnancy within 8 months of death)
14. Maiden name Same Ocally  15. Birtholace Saland	11
N. D.O.	Major findings of operations
15. Birthplace	- Date of op.
S. Information . I m. Main	Autopsy results.
10 -1: Famel 10 10	PHYSICIAN: Please underline the caese te which death sheeld be charged statistically.
Address warmalor, man	
10 10 10 10 10 10 10 10 10 10 10 10 10 1	VIOLENCE: tt death was due to external causee, fill in the following;
(Handley 1714	
(Buriel assertion or property Williams)	Accident, sylcide, or homicide
(Burial, semation or removal Which?)  Date thereof (month) (day) (year)	
(Burial, semetion, or removal, Which?)  Cemetery or crematory.  Date thereof (month) (day) (year)	
(Burial, segmation, or removal, Whiteh?)  Cemetery or crematory.	Where did injury occur?
(Burial, semation, or removal Which?) (month) (day) (year)	Whore did injury occur?
(Burial, semation, or removal, Whiten?)  Cemetery or crematory.  Location	Where did injury occur?
(Burial, semation or removal Whiten?)  Cemetery or crematory.  Location	Whore did injury occur?
(Burial, semation or removal Whiten?)  Cemetery or crematory.  Location	Whore did injury occur?
(Burial, semation, or removal Whiten?)  Cemetery or crematory.  Location  Location  18. Funeral director	Whore did injury occur?
(Burial, semation or removal Whiteh?)  Cemetery or crematory  Location  18. Funeral director	Whore did injury occur?

HERATICAL TRANSPORTATION OF ALL STATES

APR 10 1945 BUREAU V.S.

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (334)

02973

#### CERTIFICATE OF DEATH

Reg. Dist. No.

City or town Aberdeen Proving Ground, Md.				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State				
			2 months					
Station Ho	spital, A,	P.G.	Md.	Street No. C-1-4. Grant Avenue.  (If rural, give LOCATION)  2.(a) If veteran, name war. NORLA WAR I				
How long in hospital or institution?			ll Heller	3. (b) Social Security Number 257-07-0029				
4. Sea	5. Color or race	6.(a) Sing	ile, married, widowed, or divorced	MEDICAL CE	RTIFICATION			
Male	White	14	arried	20. DATE OF DEATH 23 March		at 0238 Am		
	d or wife. Marga			21.1 CERTIFY that death occurred on the date above ntated; that I attended deceased from				
7. Birth date of		8.	(c) If alive, give age .43yearn	and that I last saw h. A. alive on 23 h		1945		
deceased (mo., day,		ember	1945	Immediate cause of death		DURATION		
8. AGE: Yea		Days	If less than one day	Cerebral Hemorrhage	***************************************			
9. Birthplace Philadelphia Peansylvania (Town, county, and state)  10. Usual occupation Laborer  11. Industry or business  12. Name Jacob Heller  21. 13. Birthplace Philadelphia, Pennsylvania  14. Maiden name Unknown  15. Birthplace Unknown				Oue to Hypertensive Cardio-vascular disease				
				Due to				
				Other conditions				
15 Sirtheless	Unknown			Major findings of operations.				
16. Informant The Surgion  Address Sta. Hosp. A.P.G. Md.  17. Jurial (Burial, cremation, or removal, Which!)  Cometery or aremalary  Location  Baltimoxe  Market P. Sand  Address  Address				Autopay results. Confirm diagnosis.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causen, fill in the following:  Accident, suicide, or homicide				
			77					
			(month) (day) (year)					
			J. Md.					
			ring & Sand	Means of Injury	Injured at work?	D .		
			nellie H. Rile	23. SIGNATURE Defently N	wheal Ex as	rother		
(Date rec'd by registrar)  Registrar				Address Pol Air		122145		



seofrect age

PLEASE WRITE PLAINLY, WITH UNFADING INK Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95.6

02974

#### CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME)		
County	(For newborn infants elve residence o	6/ //	1.
City or town (If outside city or town limits, write RURAL and give nearest town)		ounty Harfa	
How long in above place of death? approx 10 das.	City or town. (If outside city or town limi	ts, write RURAL and give near	rest town)
Hospital, Institution, or street address where death occurred:	Streel No.		
Harpera / Comound Stape	(If rural, giv	e LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	•••••••••••	
3. (a) FULL NAME		3. (b) Social Security 1	
addison y	ones	212-16-	2360
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION	.31
Male regro Married	2B. DAYE DF DEATH	3-21 1945	2/p
S. (b) Name of husband or wife. Than Jones	2t. I CERTIFY that death occurred on the date at	nove stated; that I attended decea	sed from
Ass. C.	3 - 12 19	45 3-21	19.4.
. Birth date of	and that f last saw h.Lalive on	5-81-	te 15
deceased (mo., day, yr.) Your. 28, 0/8  3. AGE: Years / months   Days   If less than one day	Immediate cause of death		DURATION
67 1 21 hrs.	A. B.		
7/ / / / / / / /	nin. Chronic Passive Co	us (S) 100	5 mx
G. Birthplace (Town, county, and state)	Due to	The same of the sa	***************************************
ID. Usual occupation Farmer	11 pormon 1 c Ho	TK I CILSENCE	***************************************
11. Industry or business	Due to	- Junillaan	***************************************
			***************************************
12. Name Sylves ter Jones 13. Birthplace Manufaut	Dther conditions		
The Million I to the	(Include pregnancy within 3	months of death)	
14. Maldeo name Mary Washington  15. Birthpiace  Mary Janes	Major findings of operations	•••••	
15. Birthpiace Mary Jan &		Date of op	
6. Informant Jany Joseph	Antopsy results		
Address Churden Md	PHYSICIAN: Pfease underlies the cause to		taustically.
Burial Date thereof Barch 26, 1	72. VIOLENCE: If death was due to external ca		
(Burial, maties, Which?) (month) (day) (fer-)	Accident, suicide, or homicide		
Cemetery or crematory	Where did injury occur?(City or town)	(County)	(State)
Location Starters CS. M.G.	Injured at home, farm, Industry, public place (	where?)	
18. Funeral director April Bailer	Meaos of Injury	Injured at work?	
Address Rarlington Md.	0000	H. i. L.F.	
	23. SIGNATURE	M. D. o	r other
19 March 21 1945 a.d. Leuro M. A	il eser de drock	A	3.21.45

26 3 2 4 2 4 2 3 2 3 2 3 2 3 2

RECEIVED APR 6 1945 BUREAU V.S.

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore 468 CERTIFICATE OF DEATH

02975

				0	0	-
lag.	Dist.	No.	1	0	3	

CERTIFICAL	Reg. Diat. No.
1. PLACE OF DEATH:  County  City or fown	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Stafe County County City or fown (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME Islo, Ting	3. (b) Social Security Number
Female White France	MEDICAL CERTIFICATION  20. DATE OF DEATH  Maxely 3 11 1845 18 8 15 P.
6.(b) Name of husband on title O. T.C. J.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 15. to
8. AGE: Years Months Days If less than one day    Solution   Solut	Immediate cause of death DURATION  REPARTIC INSUMMINERS  Due for the second sec
10. Usual occupation	Due to. Laxenona of Stomach
13. Birthplace  14. Maiden name Deughty  15. Birthplace  January	(Include pregnancy within 3 months of death)  Major findings af operations.
16. Informant Phas. O. Thing.  Address Charley, Ms. 1	Autopsy results
(Bnrial, cremation, or removal, Which?)  Date thereof	22. VIOLENCE: If death was due to externat causes, fill in the following:  Accident, suicide, or homicide
Location Northern Vinginia	Where did injury occur?
Address Charles Mag.	23. SIGNATURE Charles H. Graper MD
19. Mar. 12 19 45 A. L. Kewis Mr. (Date ree'd by registrar) Registrar	Address House Grave M. Dato signed 3-11-45

PLEASE VS

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

APR 6 19 5
PUREAU V.S.

PLEASE WRITE

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

03382 Reg. Diat. No. 181

1. PLACE OF DEATH: County Ott, town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME C. Milton Mc	Common 2/2-14-1678
Male White Married	MEDICAL CERTIFICATION  20. DATE OF DEATH  MEDICAL CERTIFICATION  20. DATE OF DEATH  MEDICAL CERTIFICATION
6.(b) Name of husband or wife. Adame Commo	THOUSE 19 45 to Mark Jan 19 45 to Mark J. 19 45
7. Birth date of deceased (mo., day, yr.)	end that I last saw herealive on property 76 1946
8. AGE: Years Months Days If less than one day hrs	Immediate court of death DURATION
9. Birthplace Jown, gunty, and state)	Due to Levis Selvis
10. Usual occupation.	Due to
11. Industry or business touse work	
12. Name 12.	Other conditions
# MADRIME MANDIA	(Include pregnancy within 3 mouths of death)
14. Maiden oame	Major findings of operations. Date of op.
16. Informant / Dru. C. M. / Mc Commons	Autopsy resulta
Address Oberdeen. Md. Mura	
17. Burial, (Burial, or remove Whitelit)  Date thereof. (mouth) (muth) (guy) (year)	Accident, suicide, or homicide
Cemetery of took flur Cin	Where did injury occur?
Location A Bailey	Means of Injury Injured at work?
Address Narlington Mar.	23. SIGNATURE F. P. Suradycass
19. May 28 19 45 Berthe B. Knight (Date rec'd by registrar)	Address Harlington Int Date signed 3/28/14



AT 25 TO STANFARD

PLEASE

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 186-0

02976

#### CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
	State Maryland County Harford				
City or town	City or town				
Hospifal, Institution, or street address where death occurred:	Street No				
Harford Megazial Hospital	(If rural, give LOCATION)				
How long In hospital or Institution?	2.(a) If veteran, name war				
3. (a) FULL NAME Margaret	W. Melson 3. (b) Social Security Number				
4. Sex 5. Color or race 6.(a) Single, married, widowed, of livorced	MEDICAL CERTIFICATION				
Female white single	20. DATE OF DEATH // 1200 / 8 15/5 . 66:50 M				
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from				
6.(c) If alive, give ageyears	17, 1975 to 1200 18 19 19				
7. Birth date of deceased (mo., day, yr.) Dec. 5, 1943	and that I last saw have alive on 19				
8. AGE: Years   Months   Days   It less than one day	Immediate capes of death OURATION				
1 3 13hrsmin.					
7/1	Bue to Aydra cloholic				
9. Birthplace(Town, county, and state)	Sufunts				
10. Usual occupation	Due to				
11. Industry or business	tellen of Bac				
12. Name	Other conditions				
13. Birthplace	(luctude pregnancy within 3 months of death)				
14. Maiden name Wille Johnson	Major findings of operations.				
15. Birthplace	Major induits of operations.				
16 Informant Thro- Kent Kelster	Autopsy results.				
Address Cerryman, M.L.	PHYSICIAN: Please underline the cause to which death should be charged statistically.				
R. 10 10.10.15	22. VIOLENCE: If death was due to external causes, fill in the following;				
(Burial, cremation, or removed, Which?)  Oate thereof (month) (day) (year)	Accident, suicide, or homicide				
Cemetery or crematory	Where did injury occur?				
Location Laurman med	Injured at home, farm, industry, public place (where?)				
18. Funeral director Alexeny January Leans	Meens of Injury Injured at work?				
Address Sherseen med	1 1 Stal Ser				
"Thus. 19 " 45 G. L. Lewis m. J.	23. SIGNATURE M. D. or other				
(Thete ree'd by registrar)	144/0/2 de De				

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AFR 6 4945

BUXEAU V.S.

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VS A16

Evidence for birth date o			MARYLAND STATE				1297	7
FUN No G 9		1 5 194		ATE OF DEA		Reg. I	Dist. No	18/
1. PLACE OF DEAT	H:  Proving the pr	death occurred Abord	een Prov Ord, Mo	Slate Pennsyli Cily or 10wn. Brac (If o	yleaton	County	***********************	
3. (a) FULL NAME				Z.(w) II Veletan, Hame	₩ <b>41</b>		ial Security	Number
Michael F	. Patric	ck						
4. Sex 5	. Color or race	8.(a)Slegi	e, married, widowed, or divorced		MEDICAL	CERTIFICA	TION	
Male	White	Sin	gle	20. DATE OF DEATH	B March		,15	.11:05A
8. AGE: Years 29 9. Birthplacell CKOCK	Mosths 5	Bays Lli county, and s	If less than one dayhrs	Immediate cause of d	Traumater extremit			JUNATION
			······································	Bue 10				
11. Industry or businessO1  12. NameMi.Che  13. Birthplace			<u> </u>	Other conditions			*****************	***************************************
2	ry	•••••		Major findings of oper			•••••••	••••••
16. Informant The Surgeon Aberdeen Proving Grd. Md				Autopsy results.  PHYSICIAN: Please t	firm diagr	nosis	***************************************	statistically.
(Burial, cremation, or removal, Which?)  Cemelery or crematory . M. Schwerka Himselftone  Location & Oo Life are Me Keraport Pa.  18. Funeral director (Hward 16. Me Corne Harm  Address Oberna don Maryland				22. VIOLENCE: If dea Accident, suicide, or he Where did Injury occur Injured al home, farm, Means of Injury XXX	micide. Accides Aberdeen (City or town Industry, public place Losion	Proving G  n) (Coo (where?) Indu  Injured	Bale of M round, anty) as try	Md. (State)
19. Max 9 (Date rec'd by regist		manai -	Regist of the above		A	n Fr Gf 1	M. D.	or other

APR 4 1945
BUREAU V.S.

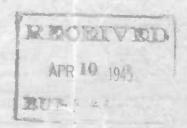
#### MARYLAND STATE DEPARTMENT OF HEALTH X

### 2411 N. Charles St., Baltimore 57-6)

02978

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH: Farford County Hill Fural	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn Infants give residence of mother)  State
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	City or town (If outside city or town limita, write RURAL and give nearest town)  Street No.
How long in hospital or institution?	(If rural, give LOCATION)  2.(a) It veteran, name war
3.(a) FULL NAME & Ropel	3. (b) Social Security Number
Male White Married widawad or discovery	MEDICAL CERTIFICATION  20. DATE OF DEATH.  MEDICAL CERTIFICATION  20. DATE OF DEATH.  MEDICAL CERTIFICATION  19.45. at 7.544
8.(6) Namo of husband or wife	21. I CERTIFY that death occurred on the dato above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Oct. 28, 1870	Immediate capes of death DURATION
8. AGE: Years Months Bays It less than one day  74 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	of Priede gland 2 yrs
18. Usual occupation (Town, county, and atate)	Bue to.
11. Industry or business  12. Name 12. Name 13. Birtholato	Other cooditions
# 14. Maldon name Rebuccu Penix	(Include pregnancy within 8 months of death)  Major findings of operations.
16. Interment Jun Famue Poplin	Autopsy results
Address;  17. Removal  [Herot J 19]  [Herotal cremation of gonogal Whiteh?]  Bate thereof (month) (day) (year)	22. VIOLENCE: tf death was duo to external causes, till in the following:  Accident, suicide, or homicide
Cemetery of crematory flaced on a Cem	Where did injury occur?
18. Funeral director ATA Balley	Means of Injury Injured at work?
Address Navanges  19/100 24 /// /// // Fire (Date rec'd by registrar)  Registrar	23. SIGNATURE F. F. Sundy grass M. D. or other Addross Warlangton Test Bate signed 2 /24/45



VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

# CERTIFICATE OF DEATH

02979

Reg. Diat. No.

City or town	2. USUAL RESIDENCE (HOME) OF DECRASED: (For nowborn infaots give resideoce of mother)  State
3. (a) FULL NAME	3. (b) Social Security Number
Luce & Dest	
4. Sez 5. Color or race 6. (a) Single, married, widowed, or divorced  Male White Redoued	MEDICAL CERTIFICATION  20. DATE DE DEATH. 20. DATE DE DEATH. 20. DATE DE DEATH. 20. DATE DE DEATH. 21. S. 19. 45. 30 P. M.
6.(b) Name of hysteric with the standard of th	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from  19. 11. 10. 11. 11. 11. 11. 11. 11. 11. 11
9. Sirthplace	Bue to. Cle. Maplicas  Bue to. Cler. Maplicas  Bue to. Cler. Maplicas  Bue to. Cler. Maplicas
12. Name Server	Dither conditions
Address abliler M. John	Autopsy results
17. (Borial, cremation, or removal, Which?)  Qate thereot (mooth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the tollowing:  Accident, suicide, or homicide
Cometery or crematory Aldylan haple tocation Man allendery Hol	Where did injury occur?
18. Funeral director Alexander January Sons	Means of Injury Injured at work?
19. Mar-20 19 45 Pellie 24. Viley (Date ree'd by registrar)  Registrar	23. SIGNATURE

All the section is

APR 4 1945 BUREAU V.S. MARGIN RESERVED FOR BINDING

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CITTIE DEPPENATA LINES A

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33

02980

# CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH:  County  City or town.  (If outside city or town/limits, write RURAL and give nearest town)  How long in above place of death?  Nospital Institution or street address where death occupred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or town  (If outside city or town limits, write BURAL and give nearest town)  Street No.
How long in hospital or institution?	(If rural, give LOCATION)  2.(a) If veteran, name war
3. (a) FULL NAME Galter Colfay S	3. (b) Social Security Number
1. Sex 5. Color or racs 6.(a) Single, married, Midwest, or divorced Whale White Wildows	MEDICAL CERTIFICATION  We describe the second of the secon
6.(b) Name of husband or wife	and that I last saw home allow on 19.43.  Impediate cause of death DURATION  Bue to Bull Of Bu
11. Industry or business    12. Name     3. Birthplace     13. Birthplace     14.   15.	Other conditions  (Include pregnancy within 3 months of death)
14. Malden name Sarah Jourse Mileh	Major findings of operations.  Bate of op.
Address 653 Bourhouss. Hall Man 17. Burial Bate thereof Man 13, 1945 (Burial, cremation, or reports. Which)  Gemetery or crematory Rock Run	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
18. Funeral director . Ma duson Matelelf Address Havre de Grace Tord,	Injured at home, farm, todustry, public place (where?)  Means of Injury  Injured at work?
19. Mas. 13 19.05 A. L. Lewis M. S. Registrar	Address Addres

mario monte

Sent the state of the

APR 6 195 BUREAU V.S.

2411 N. Charles St., Baltimore 940

# CERTIFICATE OF DEATH

Reg. Diet. No.

02981

1. PLACE OF DEATH:  Coucty	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give reaidence of mother)  State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  6.(b) Name of husband or wife 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	MEDICAL CERTIFICATION  20. DATE OF DEATH.  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife  8.(c) If alive, give age	and that I last saw h
9. Birthplace	Due to
12. Name 12. Name 13. Birthplace 14. Maiden some 15. Birthplace 15. Birthplace	Other conditions
16. thformant Address Fayer The Pa	Actors results
(Burlai, cremation, of removal, Which?)  Cemetery or crematory  Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
18. Funeral director  Address  Address  Address	Means of Injury Injured at work?  Means of Injury Injured at work?  23. SIGNATURE.
1 Mch 23 1845 Thomas P Brown Registrar	Harfield Cloudy M. D. or other

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BUREAU V.S.

PLEASE

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#### MARYLAND STATE DEPARTMENT OF HEALTH

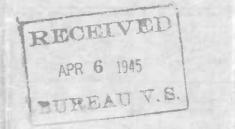
2411 N. Charles St., Baltimore 932



Reg. Diat. No. 183

# CERTIFICATE OF DEATH

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town	State County County
	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(if outside city or town limits, write RUKAL and give hearest town)
morning manifestration of the same same same same same same same sam	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Selara C. Smith	none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
= 0 Blo W'	n. 115 115 115 10
surge of the state of	20. DATE DF DEATH 1945, at 20 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Mar 4, 1845 10 Mar. 15, 1845
7. Birth date of	and that I last saw h 27 alive on March 141 1945
deceased (mo., day, yr.)  8. A.G.F.: Years   Months   Days   It less than one day	Immediate cause of death My O Can Chilian DURATION
0/ 4	+ Cha Bronchtig
90 0 20 min.	arterio ocleron te
9. Birthplace Though	Due to
(Town, county, and state)	I I mered in from the
10. Usual occupation	Due to ORA a C
tt. Industry or business	
12. Hame 2011 12. Hame	Other conditions
13. 6Irthplace	
M. A.	(Include pregnancy within 8 months of death)
14. Maiden name	Major findings of operations
15. Birthplace	
16. Interment Juny Smith	Autopsy results
211.14 2100 - 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address half the	22. VIOLENCE: It death was due to external causes, fill in the tollowing:
(Burial, cremation, or removal. Which?)  Date thereot (month) (day) (year)	Accident, suicide, or homicide
2. 9	
Cemetery or crematory	Where did injury occur?
Location Location	Injured at home, tarm, Industry, public place (where?)
18. Funeral director of house of the	Means of Injury Injured at work?
E D	(1 0 M M)
Address Janua Ca	23 SIGNATURE LET MON H. Jemm W. M.D.
mch 18 1945 Thomas P. Brown	M.D. or other
(Date rec'd by registrar) Registrar	Address Lewan Low \ R. Date signed 11 M. 16,1945



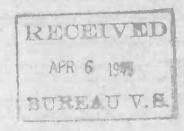
02983

#### CERTIFICATE OF DEATH

age	2411 N. Charl	na St., Baltimore 1700	02983
rect	CERTIFICAT	TE OF DEATH	Reg. Diat. No. 125
information carefully. The correct age of death clearly and legibly.	1. PLACE OF DEATH.  County  City or town.  (If outside city or town ilmits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  How long in hospital or institution?.  3. (a) FULL NAME  Johert Stewart	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of re State	write RURAL and give nearest town)
ry item of inf the causes of	4. Sex / 5. Color or race   6.(a) Single, married, widowed, or divorced		RTIFICATION
43	6.(b) Name of husband or wife		e stated; that I allended deceased from
Supply everage write	8. AGE: Years Months Days It less than one day  7 4 7 4	Immediate cause of death.  Moret gangen	DURATION
G IN F	9. Birthplace Tagle (Town, county, and state)  10. Usual occupation Salozek	Bue to Fractione R.	thigh
UNFADING IN ant. Physicians	11. Industry or business  12. Name Jack Toeflow  13. Birthplace Veracine	Other conditions	
WITH	14. Malden name Matil da Wallow  15. Birthplace Verguea	(Include pregnancy within 3 mc	
PLAINLY, s especially	Address Belain, Md.  17. Burial Bale thereot Mar. 16 1945	PHYSICIAN: Please underline the cause to which the cause the cause to which the cause the	ch death should be charged statistically.
WRITE PL	(Bnriat, cremation, or removal. Which?), (month) (day) (year)  Cemelery or crematory	Where did Injury occur?	Date of (County) (State)
ASE WR	18. Funeral director A Howard Helf Address Fawn Groe York Go Pa	Means of Injury Hit by auth  Second Control of the	Injured et work?
PLE	19. 3-13 19. 45 G. L. L. L. Registrar	23. SIGNATURE Parties Co	M. D. or other  M. D. or other  M. D. or other  M. D. or other  M. D. or other

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2411 N. Charles St., Baltimore 836/

02984

## CERTIFICATE OF DEATH

or, Diat. No. 184

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)  State
3. (g) FULL NAME	
WILLIAM T. TAYLOR	3. (b) Social Security Number
Male Write Married	MEDICAL CERTIFICATION  20. DATE OF DEATH. March 3. 1945.21 6.00 AM
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  22. I CERTIFY that death occurred on the date above stated; that I attended deceased from  23. 18. 4. 5. 10. 2. 4. 13. 18. 4. 5.
7. Birth date of Section 1997 S	and that I last saw hallve on
8. AGE: Years Months Days If less than one dayhrsmin.	Immediate cause of death Benowleds Bustand
8. Birthplace (Town, coupty, and state)	Due to.
10. Usual occupation	Due to
12. Name Taylor and an analysis of the state	Other conditions
14. Maiden name Stable Smith  15. Birthplace Farford Cs., Midi	(Include pregnancy within 8 months of death)  Major findings of operations.
16. Informant Mark Dalul Raws	Autopsy results
Address Bul - W Mas 16,194	VIOLENCE: If death was due to external causes, till in the following:  Accident, suicide, or homicide.  Date of
(Burial, cramaton, or remark. Which?) (month) (day) Kyear)  Cemetery or arematory.	Where did injury occur?
Location Barbara Barbara	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?
Address & arlington My, March 14 45 M. W. Kind	23. SIGNATURE Wielard P. Heldson
(Date rec'd by registrar)  Registrar	Address Forest Hell med Bate signed 3/13/4

CENTIFICATE OF DEATH

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JAN A.

		/
	y every item of information carefully. The carrect age	is especially important. Physicians: please write the causes of death clearly and legibly.
	Suppl	lease w
7	WITH UNFADING LYK.	y important. Physicians: p
	ASE WRITE PLAINLY.	is especially

Evidence for addition			DEPARTMENT O	F HEALTH
approximate age of dece	eased i	2411 N, C	harles St., Baltimore	(183)
shown on No. G 9 4 MAY 1	15 1945	CERTIFIC	ATE OF DEA	ATH

()2985 Reg. Diat, No. 184

1 BLACE OF DEATH.	2 HOUAL DECIDENCE (LICAME) OF DECEASED.
1. PLACE OF DEATH: County Unknown	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Unknown	State
(If outside city or town limits, write RURAL and give nearest town)	
	City or town
How long In above place of death?	(If outside city or town limits, write KOKAL and give nearest town)
nospital) institution, or vitous assessed with a section of the se	Street No.
	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Body Lound in Conou	ing Nam March 9, 1945
4. Sex 5. Color or reco 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
tomed White	
100 100 921	20. DATE OF DEATH
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
yearsyears	
7. Birth date of deceased (mo., day, yr.) Unknown	and that I last saw h
8. AGE: Years   Mooths   Days   If less than one day	Immediate cause of death
00 11000	Tong mestigation
Approximate age - 45 yrs.  hrsmin.	
A. Pinthulana	Due to
9. Birthplace	
10. Usual occupation.	
	Due to
11. Industry or business	
12. Name 12. Name 13. Birthplace	Other conditions
Y 13 Righnians	
œl -	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations
15. Birthplace	The state of the s
Ab.	
16. Informant	Antopsy results.
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B = 1 / March 1/194.	22. VIOLENCE: 11 death was due to external causes, fill in the following:
(Burial, according to semantical, whitehit)  (Burial, according to semantical, whitehit)  (Burial, according to semantical, whitehit)	Accident, suicide, or homicide
Landingto Cina	Where did Injury occur?
Cemelery of acquiery	Where did lajury occur?
Location Startord CT Mid	Injured at home, farm, Industry, public place (where?)
A & B - : 044	Means of injury Injured at work?
18. Funeral director	Hald Palmer m7
Address Narlington Man	Framines
My O I MIN W-O.	23. SIGNATURE Deputy Medical Examiner
10/1arch 10,10/945-111-41, Purp	of thankord Copules M. D. or other
19 (Date rec'd by registrar) Registrar	Address Date signed 3/10.1.4.5.

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age i	S	shown	on	

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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- 3	00	35.	. V	d.	1

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				0

	-	-	100			
				-	-	-

DURATION

FILM No G 9 4 MAY 15 1945 CERTIFICAT	TE OF DEATH Reg. Dist. No. 185
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
Herry Wacker	3. (b) Social Security Number
4. Sex 5. Color oc race /6.(α) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH. March 19 19 15 21 11
8. (b) Name of husband or wife  7. Birth date of July 24, 1884  8. AGE: Years Months Days It tess than one day  -660 7 27 hrs. min.  8. Birthplace Calture  (Tewn, county, and state)  11. Industry or business	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 10. 18  and that I last saw h. alive on ts  Immediate cause of death. DURN  Due to.
12. Name Henry. Wacker  13. Birthplace whom  14. Maiden name Elizzabeth  15. Birthplace whom	Other conditions  (Include pregnancy within 8 months of death)  Major findings of operations.
18. Informant YMS. Harlow  Address / O 6 S. Curley 4-  17. Admiss Bate thereof Man 22 1946  (Burial, cremation, or removal. Which?)  Cemetery or crematory. Qaklawer  Location	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: ti death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide.  Where did injury occur? (City or town) (Coupty) (State)  Injured at home, farm, industry, public place (where?)
0 -1 1 - 1	History (see the see

Registrar Address.

(Date rec'd by registrar)

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Evidence for change of

	DEPARTMENT OF HEALTH 02087
	arles St., Baltimore Will V
FILM No. G 9 4 MAY 15 1945 CERTIFICA	TE OF DEATH Rog. Diat. No. 185
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County
low long in above place of death?	City or town (If outside city of own limits, write RIJRAL and give nearest town)
Hospilal, Institution, or street address where death occurred:	Street No. 302 Tevolution St.
307/ Cookellon St	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME George Edward Wa	3. (b) Social Security Number
1. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white married	m2- 22 15 2
11:11 71: 171.	20. DATE OF DEATH 20. 27.19.45 at 3)
(b) Name of husband or wife I rule Ourginia var	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Birth date of	15 12 19 4 3 , 10 194
deceased (mo., day, yr.) Pleuter-7-6-1-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7	and that I last saw house. Slive on The same and that I last saw house.
. AGE: Years Months Days If less than one day	Immediate cause of death
64 3 //nirsmir	i.
Birthplace Cerm.	Due to arrena a Jay
(Town, county, and state) P & P	and Jase / /
Usual occupation Landscar 9.1.1	" Due to Brimopy in suffan joset
t. Industry or business U.S. Sovernment	- Duration : two years carfor
12. Name Charles Island 13. Birthplace Cerm.	Other conditions.
	Onderson was the Authority
14. Maiden name Colyaleth (rank.)  15. Birthplace  Clemm.	(Include pregnancy within 3 months of death)
15. Birthplace	Major findings of operations.
6. Informant Mos. Helda V. Ward.	Antonia anathr
Address Nawred Enger Ford	Autopsy results
But 101 max 29194	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Angul Thell	Where did injury occur?
Location Havrebelliac Md.	Injured at home, farm, industry, public place (where?)
Pmadini mitali	Means of Injury
t8. Funeral director	
Address Agorca Enace, 11/9.	23. SIGNATURE
Dragge 29 118- 4. 7 2011 . Dr. 1	M. D. or other
19.00	

MARYLAND STATE DEPARTMENT OF HEALTH

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-APR 6 1945

BUREAU V.E.

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2411 N. Charles St., Baltimore 8360

#### CERTIFICATE OF DEATH

	Reg. Diat. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother)
Cily or tewn (If outside city or town limits, write RURAL and give nearest town)	State County County
Hew leng in above place of death?	Cily er town
Hew leng in above place of death?	(If outside city or twn limits, write RURAL and give nearest town)
	Sirest No. (If rural, give LOCATION)
How leng in hespital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Celer er raca 6.(u) Single, married, widewed, er divorced	MEDICAL CERTIFICATION
Male White manued	20, DATE OF DEATH March 22 1945 at 1155P
8.(b) Hams of husband or wife Julia O. Woods	21. I CERTIFY that death occurred on the date above slaled; that I stjended deceased from
	March 10 1845, 10 March 22 1945
7. Birth dale et deceased (me., day, yr.) July 23 - 1863	and that I last saw h hoter alive on Melotecher and alive on 19.45
8. AGE: Years Months Days I fless than one day	Immediate cause of death
79 7 27 hrs.	min. fragathatic Cinglelian Ila
CMC D & DC	
9. Birihpiace	Due te Careland hemming 1080g
10. Usual occupation Comments I force out Returned	2 20-18-00-0- 10454
11. Industry or husiness	Due to
12. Name James Washington D. C.	Other conditions
13. Birtholace Washington D. C.	
14. Maiden name Massimilar D.C.	(Include pregnancy within 8 months of death)
O(1 - 1 - 1)	Major findings of operations
15. Birthplace / Carthylace ()	
6. Intermant	Autopsy results
Address 321 N. Wash, W. Hande Str	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Busiel 3/25/40-	22. ViOLENCE: If death was due to external causes, fill in the fellowing;
(Burial, cremation, or removal. Which?)  Bale thereof	Accident, suicide, er hemicide
Cemetery or crematory Canada Table	Where did injury occur?
11 . a. Marion ma	(City or town) (County) (State)
Lecation of the second of the	Means et Injury Injured ni work?
18. Funeral directo	I /1.01 +1.0
Address Have the Straw Md.	23. SIGNATURE TMULL CARCLES (U)
(Date rec'd by registrar)  (Date rec'd by registrar)  (Date rec'd by registrar)	n. A Address / James meelle meelle Bale signed 3/23/5

PLEAST WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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BUREAU V.S.

2411 N. Charles St., Baltimore Dick

# CERTIFICATE OF DEATH

1. PLACE OF/DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED:
County A Grand County	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State State County Sand
	City or town
How long in above place of death?	(If outside city of town limits, write RURAL and give nearest town
Nacha de Memoral Rock	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Calentine, Jelge	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divarced	MEDICAL CERTIFICATION
M) W Widnesd	March 24 115 3
	20. DATE OF DEATH SALE CA 2 # 19#5 , ald
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
7. Birth date of \$\int_{\text{c}}\$ (c) It elive, give age	2018 19 42, to may 2 4
7. Birth date of deceased (mo., day, yr.) February 11 1861	and that I last saw h
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
0.1	Carpes Lucy June greeney
87 / 12hrs	Olivania distribut
9. Birthplace Jopp (Toyn, county, and state)	Due to some full following
O W +	angewens, como me
10. Usual occupation.	Bue to Bue to
11. industry or business tarme	
12. Name / Lechala Zeigler 13. Birthplace Germany -	Diher conditions
13. Birthplace Kermany -	
	(Include pregnancy within 3 months of death)
14. Maiden name	Majur findings of operations.
≥ 15. Birthplace	Bate of op.
16. Interment Mrs C. B. Greenfield . Da	ushler Autopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically
Address Have Del	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Bate thereof (month) (day) (year)	Accident, suicide, or homicide
14 1/16/	
Cemetery or crematory	Where did Injury occur?
Location Ceff Man /	Injured at home, farm, industry, public place (where?)
Plent & Stan	Means of injury Injured at work?
18. Funeral director.	
Address Decedon, Mike	23. SIGNATURE.
Phurch 24 1045- G. Leuris on.	M. D. or other
(Date ree'd by registrar) Registr	at Address Hara No. Ny 1 10 mal Bate signed 3 - 24

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